Institute of Genocide and Mass Atrocity Prevention
Declaration of Minor Form

Instructions: Please submit form to I-GMAP located at LNG100

Date: ____________________________________________

Last Name: ______________________________________

Last Name: ______________________________________

B-Number: _________________________________

BU email address: ____________________________

Add or Change minor to: ____________________________

If dropping a minor:
  • Drop or Change minor: ____________________________
  • Add or Change to **minor code** to: ________________

Department approver name (print): ____________________________

Signature of approver: ______________________________________

Processed by:_________________        Date:______________________